



# Washington Health Benefit Exchange

**Washington Healthplanfinder**

# Overview of WA Healthplanfinder

# Training Agenda

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## Washington Healthplanfinder Overview

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### Objectives

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**Lesson 1:** Create Individual Account

**Lesson 4:** Eligibility Flow

**Lesson 2:** Guest Accounts/ID Proofing

**Lesson 5:** Change Reporting

**Lesson 3:** Manage Individual Account

**Lesson 6:** Renewals

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## Review and Summary

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# Attention

**Healthplanfinder is still under construction.**

At “Go Live” on October 1st, the screens may look a bit different than what you are seeing today.



# What is Washington Healthplanfinder?

Washington Healthplanfinder is an easily accessible, online marketplace for individuals, families, and small businesses in Washington State to compare and enroll in qualified health insurance plans. This one-stop shop will enable individuals to:



- Determine eligibility for Free Or Low-Cost Health Care Coverage.



- Receive personal customer support to find, apply and enroll in the right health plan that meets their needs.



- Make apples-to-apples comparison between Qualified Health Plans (QHP). (Does not apply to WAH)

# Enrollment in WA Healthplanfinder



Applications will be accepted through Washington Healthplanfinder beginning **October 1, 2013!**

- **Washington Apple Health:** Year-round enrollment
- **HIPTC and QHP:** Open enrollment period
  - First year: 10/1/13 – 3/31/14
  - Thereafter: TBD – end of each year
  - If miss open enrollment, must qualify for special enrollment

# Access to Washington Healthplanfinder

Washington Healthplanfinder guides users through the process of applying for health care coverage.

## Users



Individuals  
and Families



Small  
Business/  
Employers,  
Issuers



Employees



Brokers, In-Person  
Assisters/Navigators,  
Community Partners,  
Account Workers

## Access Channels



Online



Phone

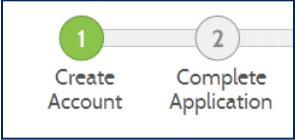





In-Person



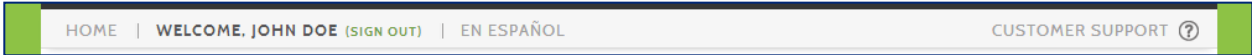

Mail/Fax

# Common Navigation Features

Feature	Description
<b>Wayfinder</b> 	The purpose of the Wayfinder is to show the step-by-step path for navigating a series of related pages. For example, the Wayfinder is visible on the top of every page throughout the individual initial enrollment process.
<b>Go to Home Page</b> 	The purpose of the Go to Home Page button is to allow users to navigate back to the Home page after completing an action in the system.
<b>Back</b> 	The purpose of the Back button is to allow users to navigate back to the previous screen.
<b>Field-Level Help</b> 	The purpose of the Field-Level Help feature is to provide users with more information on how to fill out a particular field on the page.



# Common Navigation Features (continued)

Feature	Description
<b>Top Page Bar</b>	<p>The purpose of the Top Page Bar is to facilitate ease of access to Customer Support, the Home page, and Spanish features for Washington Healthplanfinder users. This feature is available to both internal and external users of Washington Healthplanfinder.</p> 
<b>Bottom Page Bar</b>	<p>The purpose of the Bottom Page Bar is to facilitate ease of access to more information about the Health Benefits Exchange and Washington Healthplanfinder. Links to the About, Privacy Policy, Consumer Info Center, Contact Us, and social media pages are provided here.</p> 

# Knowledge Check

**When will individuals be able to begin applying for health care coverage through Washington Healthplanfinder?**

- A. October 1, 2013**
- B. October 31, 2013**
- C. December 31, 2013**
- D. January 1, 2014**



# Knowledge Check

Which of the following avenues can individuals use to apply in Washington Healthplanfinder?

A. Online

B. Mail

C. Phone

D. All of the Above



# Knowledge Check

Which Back button is used to go backwards one page?

A. The top left browser button

B. The bottom left Back button

C. Home Page

D. Field Level Help



◀ Back

Go to Home Page



# Questions



# Lesson 1

## Create an Individual Account

# Individual Account

## Key Benefits

### Why is it beneficial for an individual to create an account?

- The individual can easily log in and out during the application process.
- An account allows the individual to report changes about themselves or their household that may impact coverage.
- They can operate as a more independent user, especially during times like re-enrollment.
- They are given the option to receive their correspondence notifications via email.

# Individual Account

## Key Characteristics

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### **Who can have an individual account?**

Any user who is applying for coverage for themselves and/or their household.

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### **What's the difference between an account and an application?**

To receive health coverage, an individual must complete an application.

An account is the mechanism through which an individual can access that application.

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### **What information is required to create an account?**

To have an account, the individual must provide a username, password, email address, and answers to security questions.

---



# Home Page

This is the first page to get started.

[HOME](#) | [SIGN IN](#) | [ESPAÑOL](#)[CUSTOMER SUPPORT](#)  



click. compare. covered.



## Find Health Coverage that is Right for You

Welcome to Washington Healthplanfinder, a new way to help you find, compare and select a quality health insurance plan that is right for you, your family and your budget.

[Find and Compare Health Plans](#)

[Apply for Coverage](#)

### Small Business Options

If you are a small business owner with up to 50 employees in Washington, you can provide health insurance through Healthplanfinder and you may be eligible for tax credits.

If your employer has signed up for coverage through Washington Healthplanfinder, you will receive instructions and log-in information directly from your employer.

[Cover Your Employees](#)

### Click.Compare.Covered

More people than ever before are now eligible for low-cost or free health insurance. Middle-income and low-income individuals and families generally qualify. Healthplanfinder is the only way you can access these savings.

[Learn More >](#)

[Renew my Washington Apple Health>](#)

WASHINGTON HEALTHPLANFINDER-APPROVED PLANS:

### Sign In

USERNAME

PASSWORD

☐ Remember Me

[Sign In](#)

[Forgot your username?](#)

[Forgot your password?](#)

[Create an account](#)

# Individual Landing Page – How do I want to begin?

Begin Anonymous Browsing



OPEN ENROLLMENT: OCTOBER 1, 2013 TO MARCH 31, 2014

## Your Life, Your Coverage

Healthplanfinder offers you the way to find coverage for yourself and your family members.

[Find Quality Coverage](#)

[Apply for Coverage](#)

Are you an employer? [Return to homepage.](#)



### Your Stories



*When I was looking for individual health insurance, the Washington Healthfinder made the choice very simple and easy.*

– Joanna Smith, Spokane, WA

### Your Savings



Depending on your household's estimated income, you could qualify for savings on your health plan.

[See if You Qualify >](#)

### Your Support



Customer support is available to you as you make your decision about a health plan that is right for you and your family. Healthplanfinder has a network of support across Washington so you can get help from someone that works in your community.

[Find a Broker >](#)

[Find a Navigator >](#)

### Before You Begin

#### Your Checklist

What you should have on hand before you shop:

- ✓ [Social Security numbers for all applying members](#)
- ✓ [Date of birth for all applying members](#)
- ✓ [Your household's estimated income](#)

[About](#) | [Privacy Policy](#) | [Consumer Info Center](#) | [Contact Us](#)

FIND US ON:



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# Information Required for Account Creation

Information	Description
<b>Username and Password</b>	Username must be 6–20 characters with at least one letter and one number; password must be eight characters long, and include upper and lower case letters, a number, and a non-alphanumeric character.
<b>Email Address</b>	Email address must be unique within Washington Healthplanfinder.
<b>Security Questions</b>	Individual must answer three account security questions.
<b>User Agreement</b>	User must accept this agreement to create an account and has the ability to view the agreement from this screen.

# Knowledge Check

**Q. Where would an individual click on the Homepage when he or she first visits the Exchange to immediately create an account?**

**A. On the “Create an Account” button on the Homepage**

A screenshot of the Washington Healthplanfinder homepage. The header features the Washington Healthplanfinder logo with the tagline "click. compare. covered." and a family photo. The main heading is "Find Health Coverage that is Right for You", followed by a welcome message. Two green buttons are present: "Find and Compare Health Plans" and "Apply for Coverage". Below these are three sections: "Small Business Options", "Click. Compare. Covered", and a "Sign In" section. The "Sign In" section includes fields for "Username" and "Password", a "Remember Me" checkbox, a "Sign In" button, and links for "Forgot your username?", "Forgot your password?", and a "Create an account" button which is highlighted with a red rectangle. At the bottom, there is a footer with links for "About", "Privacy Policy", "Consumer Info Center", and "Contact Us", along with a "Powered by" statement and a Norton Secured logo.

washington  
healthplanfinder  
click. compare. covered.

Find Health Coverage  
that is Right for You

Welcome to Washington Healthplanfinder, a new way to help you find, compare and select a quality health insurance plan that is right for you, your family and your budget.

Find and Compare Health Plans

Apply for Coverage

SEE HOW THE MENDEZ FAMILY SIGNED UP FOR HEALTH INSURANCE...

**Small Business Options**

If you are a small business owner with 2 to 50 employees in Washington, you can provide health insurance through Healthplanfinder and you may be eligible for tax credits.

If your employer has signed up for coverage through Washington Healthplanfinder, you will receive instructions and log-in information directly from your employer.

Cover Your Employees

**Click. Compare. Covered**

More people than ever before are now eligible for low-cost or free health insurance. Middle-income and low-income individuals and families generally qualify. Healthplanfinder is the only way you can access these savings.

Learn More ▶

HEALTHPLANFINDER-APPROVED PLANS:

**Sign In**

Username

Password

☐ Remember Me

Sign In

Forgot your username?

Forgot your password?

Create an account

INTI-1.00.00.245 [02/07/13 12:21:25 PST]  
[ManagedServer1]

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Norton  
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# Knowledge Check

**As a user, what is the benefit of having an account?**

*User can log in and out during application process, increases ability to be independent, facilitates change reporting and provides options to receive notification.*



# Questions



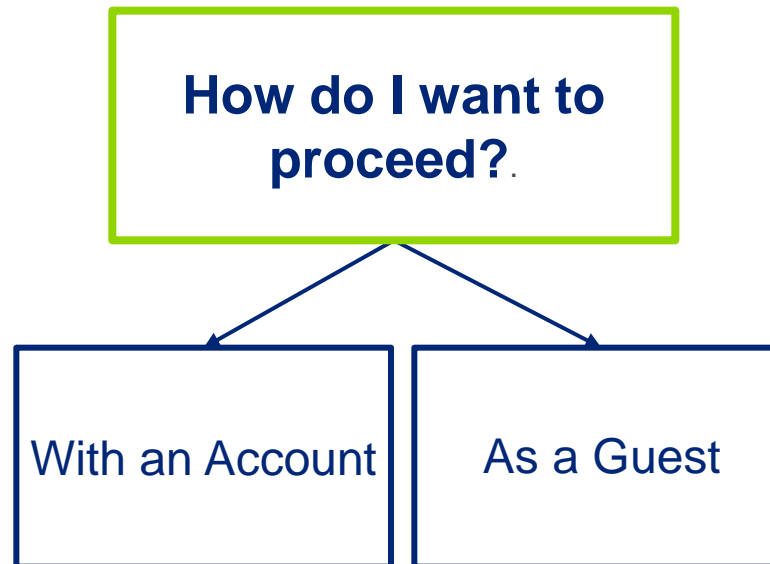


# Lesson 2

## Guest Account and ID Proofing

# Individual Users who Continue as a Guest

When an individual applying for Washington Apple Health reaches the Create Account screen, they have the option to “Skip Account Creation” and continue the application process as a guest.





# How does a user complete an application as a guest?

To continue as a guest, the individual user clicks on “Skip Account Creation” at the bottom of the Create Account screen.

SECURITY QUESTION 3 \*

-Select an Option-

ANSWER \*

Enter your answer here.

Must be at least 2 characters

User Agreement

☐ Yes, I accept the User Acceptance Agreement, which specifies how my information will be kept confidential and secure. [To read the User Agreement, please click here.](#) \*

[◀ Back](#) [Skip Account Creation](#) [Create Account](#)

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FIND US ON: [f](#) [YouTube](#) [Twitter](#)

[Norton](#) powered by [VeriSign](#)

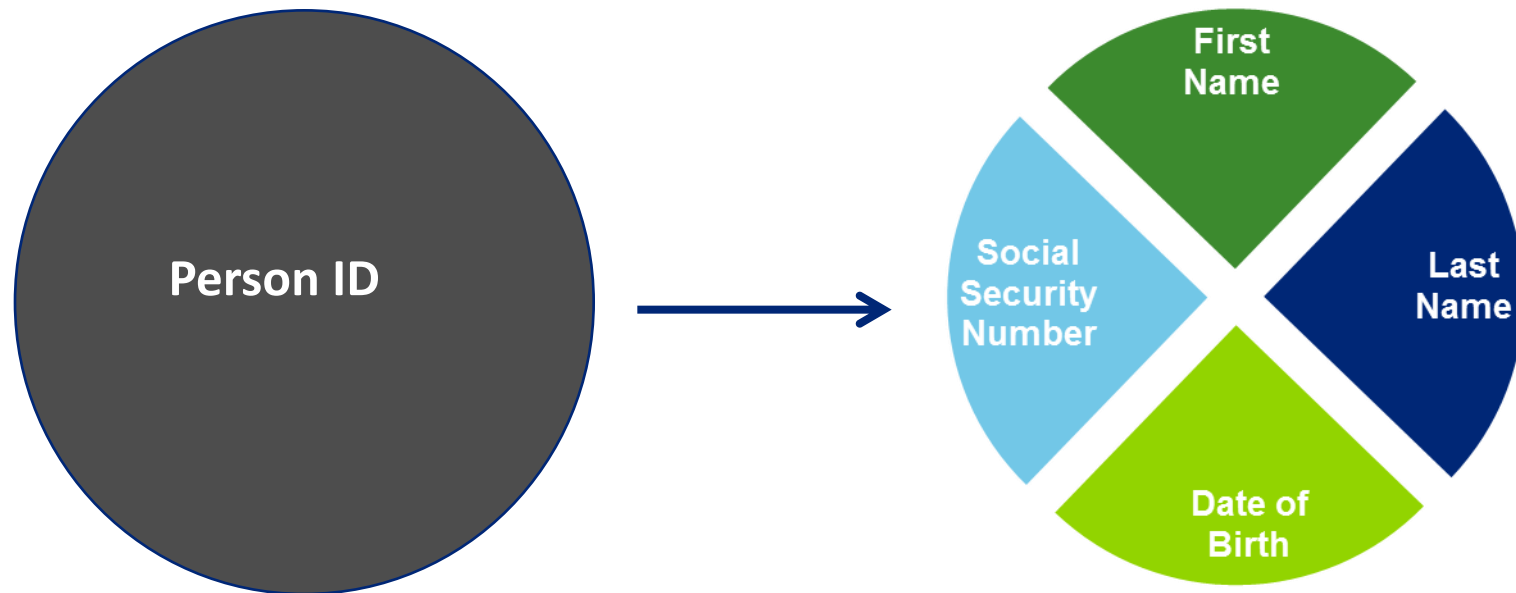
The application process is essentially the same as it is for an individual with an account. The “Go Paperless” option is disabled in the Contact Information section of the application.

# How Is An Individual Remembered In Healthplanfinder?




# Person ID

- A Person ID is a numerical identifier stored in Washington Healthplanfinder that is associated with the unique combination of the **first name (FN)**, **last name (LN)**, **date of birth (DOB)**, and **social security number (SSN)** of every person listed on an application across the system



# Identity Proofing Service

HOME | WELCOME, JOHN DOE (SIGN OUT) | EN ESPAÑOL | CUSTOMER SUPPORT ?

 **washington healthplanfinder**  
click. compare. covered.

1

Create Account

2

Select Plan

3

Notify Employees

4

Confirm & Pay

5

Enrollment Complete

[Back](#) [Next](#)

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## Secondary ID Proofing

**If an individual is not able to identity proof, there are processes that are currently being developed to assist the individual with secondary ID proofing.**



# Additional Person Matching and Individual Account Scenarios

- The Primary applicant is able to make changes and update their case in HPF
- The Primary applicant can only be a recipient on one application. However, the primary applicant may submit multiple applications on behalf of others.
- The spouse of a primary applicant cannot make changes or update their case in HPF. However, the spouse can view their own dashboard if they have been successfully ID proofed.

# Knowledge Check

What users are able to complete and submit an application without creating an account?

*Users eligible for Washington Apple Health.*

What are the four components of a Person ID?

*Social Security Number*

*First Name*

*Last Name*

*Date of Birth*



# Questions





# Lesson 3


## Manage an Individual Account

# Role of a Community Partner

- The community partner's role is to assist individuals through the enrollment process and up to the shopping experience.
- This can be someone who assists individuals in the application process and associated with a community based organization, such as many of you today.
- They receive no payment from the individual and could include hospital staff, church organizations, and food bank workers.
- At the end of today's training, you have the opportunity to sign up for this enhanced community partner access.

# Community Partner Dashboard– Account Home Tab

HOME | WELCOME, JOHN DOE (SIGN OUT) | EN ESPAÑOL | CUSTOMER SUPPORT ?

 **washington healthplanfinder**  
click. compare. covered.

Account Home | My Clients

### Message Center

Notice	Date Received
User smith123 has selected a new broker	07/31/2014

[View More >](#)




### Quick Links


- Manage My Account
- My Clients
- Find New Client's Account
- Start New Application
- Print Paper Application
- Renew Certification

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FIND US ON:   



# Manage Individual Account

## Individual Dashboard Key Features

Account Home

Billing & Payments


My Household

Action Center

Tab	Use
<b>Account Home</b>	<ul style="list-style-type: none"><li>• Quick Links</li><li>• Message Center</li><li>• Summary of Household Coverage</li></ul>
<b>QHP &amp; HIPTC – Billing &amp; Payments</b>	<ul style="list-style-type: none"><li>• Pay monthly bill</li><li>• Manage payments</li><li>• Balance and payment history</li></ul>
<b>My Household</b>	<ul style="list-style-type: none"><li>• Update household address or personal information of any household member</li><li>• View and update income and eligibility status</li></ul>
<b>Action Center</b>	<ul style="list-style-type: none"><li>• Submit documents</li><li>• View document upload history</li></ul>

# Individual Dashboard – Account Home

[HOME](#) | [WELCOME, JOHN DOE \(SIGN OUT\)](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT ?](#)



click. compare. covered.

VIEWING APPLICATION John L Smith – Created on 08/01/2013

[Account Home](#) [Billing & Payments](#) [My Household](#) [Action Center](#)

### Message Center

Notice	Date Received
<a href="#">Payment Received August 2014</a>	07/31/2014
<a href="#">Invoice August 2014</a>	07/15/2014
<a href="#">Payment Received July 2014</a>	06/31/2014
<a href="#">Invoice July 2014</a>	06/15/2014

[View More >](#)

### Quick Links

- [Submit A Document](#)
- [Find a Broker](#)
- [Find a Navigator](#)
- [Report a Change in Income or Household](#)
- [Change Account Settings](#)

### My Household Coverage


Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
John Smith	QHP	01/01/2014	12/31/2014	11/01/2014	Enrolled
Sophie Smith	QHP	01/01/2014	12/31/2014	11/01/2014	Enrolled
Connor Smith	CHIP	01/01/2014	12/31/2014	11/01/2014	Enrolled - Pending Action Needed

[Disenroll someone from my household](#)

Washington Healthplanfinder has a network of support across Washington State.  
You can get help from a [Navigator](#) or [Broker](#)

# Individual Dashboard – My Household

[HOME](#) | [WELCOME, JOHN DOE \(SIGN OUT\)](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT ?](#)



click. compare. covered.

VIEWING APPLICATION John L Smith - Created on 08/01/2013

[Account Home](#) [Billing & Payments](#) [My Household](#) [Action Center](#)

### Household Info

Address Line 1: 1234 Main Street

Address Line 2: Apartment 203

City: Seattle

State: WA

ZIP: 98089

[Update My Address](#)

### Reported Household Income

\$ 50,000

[Report Income or Eligibility Change](#)

[View Your Household's Eligibility Information](#)

[View Your Household's Coverage History](#)

### Primary Applicant's Personal Information

Enrolled In	Claims & Benefit Services	Name	Phone	Email	Sex	Date of Birth	Social Security Number
QHP 200	<a href="#">View Plan Details</a>	John Smith	901-901- 1234	johnsmith@aol.com	Male	10/03/1985	111-11-1111

[Update](#)

# Individual Dashboard – My Household (continued)

## Primary Applicant's Personal Information

Enrolled In	Claims & Benefit Services	Name	Phone	Email	Sex	Date of Birth	Social Security Number
QHP 200	<a href="#">View Plan Details</a>	John Smith	901-901-1234	johnsmith@aol.com	Male	10/03/1985	111-11-1111

[Update](#) ▶

## Spouse of Primary Applicant

Enrolled In	Claims & Benefit Services	Name	Phone	Email	Sex	Date of Birth	Social Security Number
QHP 200	<a href="#">View Plan Details</a>	Sally Smith	901-901-1234	johnsmith@aol.com	Female	10/03/1985	123-11-1111

[Update](#) ▶

## Dependent of Primary Applicant

Action Required to Verify Your Household's Information


Enrolled In	Claims & Benefit Services	Name	Phone	Email	Sex	Date of Birth	Social Security Number
QHP 200	<a href="#">View Plan Details</a>	Collin Smith	901-901-1234	johnsmith@aol.com	Female	10/03/1985	123-11-1111
Dental	<a href="#">View Plan Details</a>	Collin Smith	901-901-1234	johnsmith@aol.com	Female	10/03/1985	123-11-1111

[Update](#) ▶



# Individual Dashboard – My Household and Coverage History

HOME | WELCOME, JOHN DOE (SIGN OUT) | EN ESPAÑOL CUSTOMER SUPPORT ?

  
click. compare. covered.

VIEWING APPLICATION John L Smith – Created on 08/01/2013

Account Home Billing & Payments **My Household** Action Center

### Household Info

Address Line 1: 1234 Main Street  
Address Line 2: Apartment 203  
City: Seattle  
State: WA  
ZIP: 98089  
[Update My Address >](#)

### Reported Household Income


\$ 50,000  
[Report Income or Eligibility Change >](#)  
[View Your Household's Eligibility Information >](#)  
[View Your Household's Coverage History >](#)

### Primary Applicant's Personal Information

Enrolled In	Claims & Benefit Services	Name	Phone	Email	Sex	Date of Birth	Social Security Number
QHP 200	<a href="#">View Plan Details</a>	John Smith	901-901-1234	johnsmith@aol.com	Male	10/03/1985	111-11-1111

[Update >](#)

HOME | WELCOME, JOHN DOE (SIGN OUT) | EN ESPAÑOL CUSTOMER SUPPORT ?

  
click. compare. covered.

VIEWING APPLICATION John L Smith – Created on 08/01/2013

Account Home Billing & Payments **My Household** Action Center

[Back to Dashboard](#)

## Household Coverage History

Primary Applicant: John Smith

Plan Name	Start Date	End Date	Renewal Deadline	Enrollment Status
QHP	12/01/2014	11/30/2015	11/30/2015	Enrolled
QHP	12/01/2013	11/30/2014	11/30/2014	Expired


Spouse of Primary Applicant: Sophie Smith

Plan Name	Start Date	End Date	Renewal Deadline	Enrollment Status
QHP	12/01/2014	11/30/2015	11/30/2015	Enrolled
QHP	12/01/2013	11/30/2014	11/30/2014	Expired



# Individual Dashboard – Action Center

[HOME](#) | [WELCOME, JOHN DOE \(SIGN OUT\)](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT ?](#)

 **washington  
healthplanfinder**  
click. compare. covered.

VIEWING APPLICATION John L Smith – Created on 08/01/2013

[Account Home](#) [Billing & Payments](#) [My Household](#) [Action Center](#)

### Important Actions

#### Health Plan Renewal

You are currently in a renewal period. You must take action by **August 31, 2012**. You can either:

[Click here to renew your current coverage >](#)

[Click here to shop for new coverage >](#)

### Document Tracking

#### Document Still Required

For Conner we still need...

- Citizenship Verification - [Click here to upload proof of citizenship](#)

#### Documents Pending (Received by Washington Healthplanfinder and awaiting verification)

- Income - [View status of the document you submitted](#)
- Legal Residence - [View status of the document you submitted](#)

#### Previously Submitted Documents

The list of documents below have been submitted and acted upon by the Healthplanfinder.

- SSN Card
- Birth Certificate
- Tribal Documents

# Knowledge Check

**What is the purpose of the Individual Dashboard?**

**Access to:**

- **Account information**
- **Account history**
- **Correspondence**
- **Document upload in the Action Center tab**



# Knowledge Check

1. On the Action Center Tab we can upload documents.

**A. True**

**B. False**

2. You can find income information on the Household Tab.

**A. True**

**B. False**

3. You can make a WAH for Kids payment on the Account Tab.

**A. True**

**B. False**



# Questions



# Lesson 4

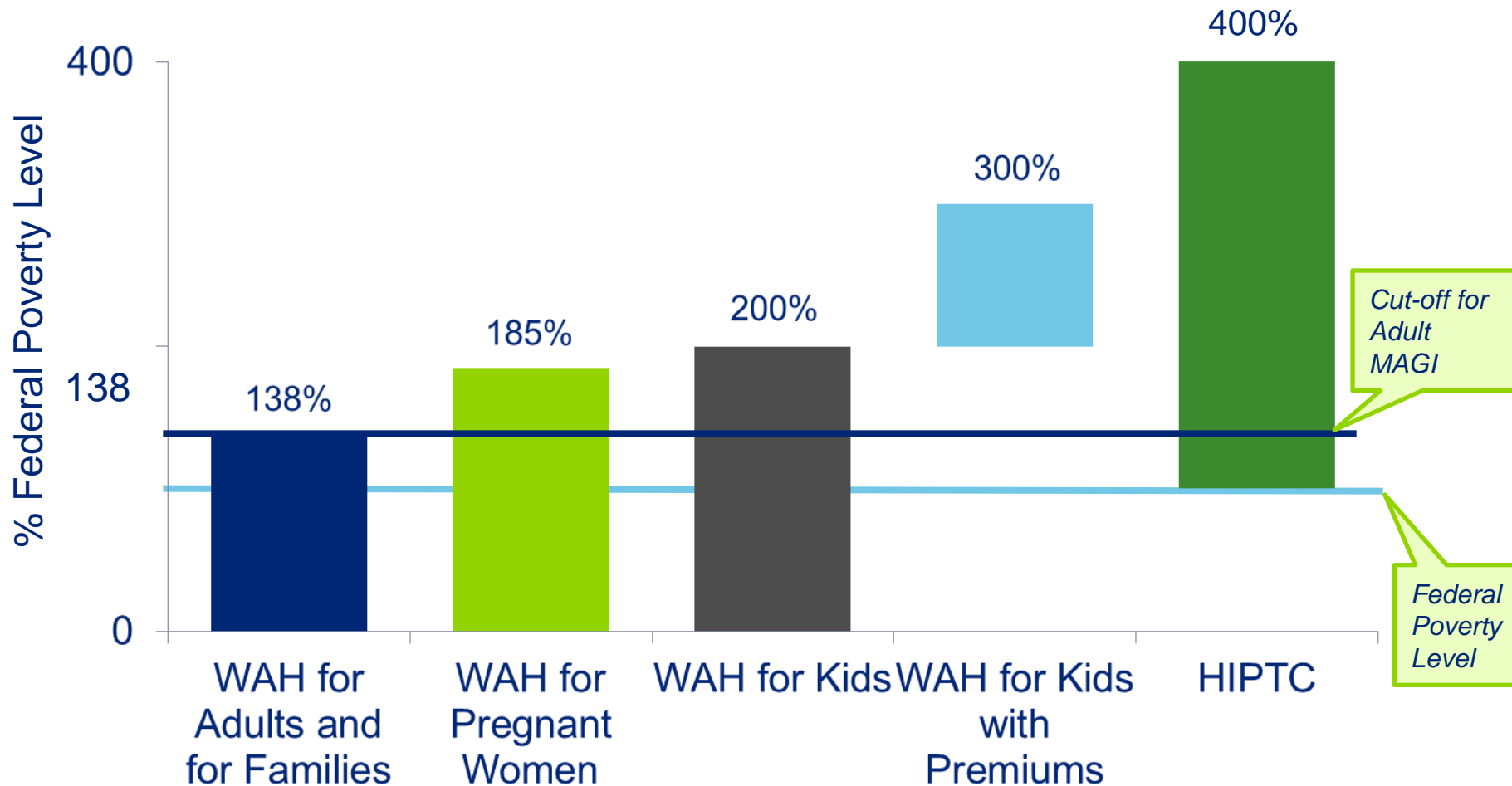
## Eligibility Flow

# Eligibility Results for Washington Apple Health

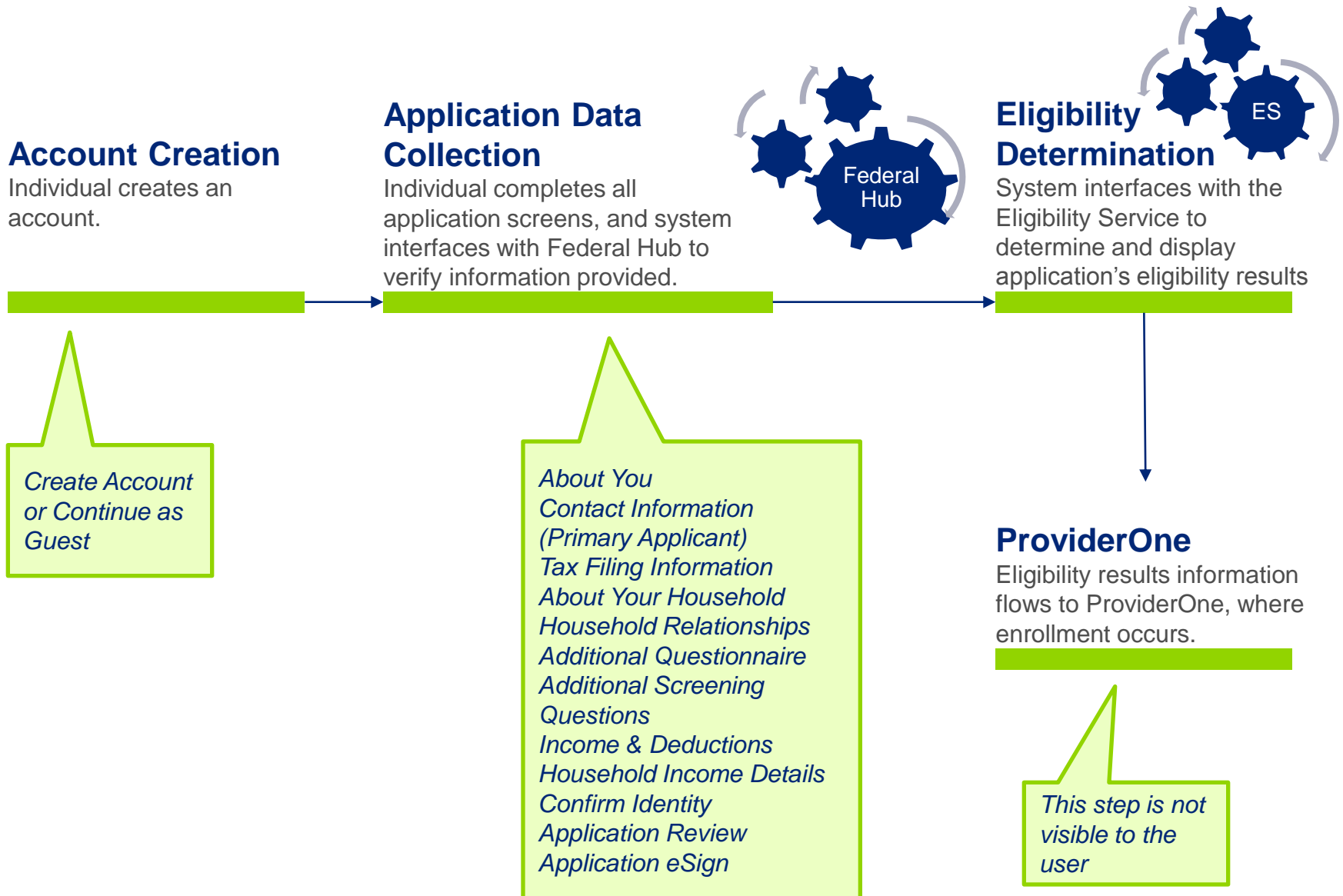
- Washington Apple Health for Adults
- Washington Apple Health for Families
- Washington Apple Health for Kids
- Washington Apple Health with Premiums (for Kids)
- Washington Apple Health for Pregnant Women
- Washington Apple Health Alien Emergency Medical

# Free and Low-Cost Health Insurance Programs by Income Level

Eligibility for these programs is calculated using the Household's income as it compares to the Federal Poverty Level (FPL).



# Washington Apple Health Eligibility Flow





# Application Data Collection

After an account has been created, the first step in applying for coverage is Application Data Collection.

The following screens need to be completed for Washington Apple Health:

1. About You
2. Contact Information  
(Primary Applicant)
3. Tax Filing Information
4. About Your Household
5. Household Relationships
6. Additional Questionnaire
7. Tribal Membership (if applicable)
8. Additional Screening Questions
9. Income & Deductions
10. Household Income Details
11. Confirm Identity
12. Application Review
13. Application eSign



# Application Data Collection – About You

## About You

\* REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options

FIRST NAME \* ⓘ

Eg. John

M.I. ⓘ

Eg. J

LAST NAME \* ⓘ

Eg. Smith

SUFFIX ⓘ

### Warning:

You must enter your full official name such as name on your social security card.

SOCIAL SECURITY NUMBER ⓘ

Eg. 123-45-6789

DATE OF BIRTH \* ⓘ

Eg. 01/20/2012

Social Security Disclosure

SEX \* ⓘ

- ☐ MALE  
☐ FEMALE

WHO ARE YOU APPLYING FOR? \* ⓘ

- Select an Option -

DO YOU WANT TO APPLY FOR PREMIUM HEALTH INSURANCE TAX CREDITS, COST-SHARING REDUCTIONS OR WASHINGTON APPLE HEALTH? \* ⓘ

- ☒ YES  
☐ NO

RACE ⓘ

-Select An Option-  
White  
Hispanic  
Asian-American

HISPANIC ORIGIN ⓘ

-Select An Option-

Are you an American Indian or Alaska Native? \* ⓘ

- ☐ YES ☐ NO

☐ I have read the Washington Healthplanfinder Privacy Policy \* ⓘ

Next

# Application Data Collection – Contact Information



## Primary Applicant's Information

\* REQUIRED FIELD

What is your home address?

ADDRESS LINE 1 \*

Eg. 1234 Main Street

ADDRESS LINE 2 \*

Eg. Suite 1000

CITY \*

Eg. Seattle

STATE \*

Washington

ZIP \*

Eg. 98501

COUNTY \*

- Select One -

What is your Mailing Address?

☐ My mailing address is same as my home address \*

ADDRESS LINE 1 \*

Eg. 1234 Main Street

ADDRESS LINE 2 \*

Eg. Suite 1000

CITY \*

Eg. Seattle

STATE \*

Washington

ZIP \*

Eg. 98501

COUNTY \*

- Select One -

## How may we reach you?

We will only use this contact information to reach you regarding your account and will only share it for official uses by health insurance carriers.

PHONE NUMBER \*

Eg. 360-555-1234

PHONE TYPE \*

Cell

ALTERNATE PHONE NUMBER \*

Eg. 509-555-1234

ALTERNATE PHONE TYPE \*

Cell

☐ I would prefer to receive written communications by email. \*

CAN YOU READ ENGLISH? \*

☐ YES

☒ NO

DO YOU NEED YOUR NOTICES TRANSLATED? \*

☒ YES

☐ NO

IN WHAT LANGUAGE DO YOU NEED THE DOCUMENTS TRANSLATED? \*

Spanish

CAN YOU SPEAK ENGLISH? \*

☐ YES

☒ NO

DO YOU NEED AN INTERPRETER? \*

☒ YES

☐ NO

WHAT LANGUAGE INTERPRETER DO YOU NEED? \*

Spanish

# Application Data Collection – Contact Information

## Authorized Representative

☒ Do you have an authorized representative? ⓘ

FIRST NAME \* ⓘ

Eg. 1234 Main Street

LAST NAME \* ⓘ

Eg. Suite 1000

ADDRESS LINE 1 \* ⓘ

Eg. 1234 Main Street

ADDRESS LINE 2 ⓘ

Eg. Suite 1000

CITY \* ⓘ

Eg. Seattle

STATE \* ⓘ

Washington

ZIP \* ⓘ

Eg. 98501

EMAIL ⓘ

Eg. jdoe@mail.com

☐ I want my authorized representative to receive duplicate copies of notifications? ⓘ

◀ Back

Save and Exit

Next

*In some instances, the applicant will have an authorized representative. If so, the applicant can include information about their representative on this screen.*

# Primary Applicant's Taxes

\* REQUIRED FIELD

We need to collect some tax information about you and your household from last year to verify your income and provide you accurate information about health insurance available to you.

WHAT WAS YOUR TAX FILING STATUS FOR TAX YEAR 2012? \* ?

- Select an Option -



ARE YOU PLANNING TO FILE WITH THE SAME TAX STATUS FOR TAX YEAR 2013? \* ?

☐ YES

☐ NO

ARE YOU PLANNING TO FILE WITH THE SAME TAX STATUS FOR TAX YEAR 2014? \* ?

☐ YES


☐ NO

[◀ Back](#)




[Next ▶](#)

# Application Data Collection – Additional Household Members

[HOME](#) | [WELCOME, JOHN DOE \(SIGN OUT\)](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT ?](#)

 **washington healthplanfinder**  
click. compare. covered.


Which additional members of your household are you seeking coverage for?




Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Ashley Jones	Edit	Remove
Ashley Jones	Female	XXX-XX-9743	07/11/1964	Yes	N/A		
Billy Jones	Male	XXX-XX-9745	08/11/1964	Yes	No		


[Add Member](#)

[Back](#) [Save and Exit](#) [Next](#)

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# Application Data Collection – Household Relationships

[HOME](#) | [WELCOME, JOHN DOE \(SIGN OUT\)](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT ?](#)

 **washington healthplanfinder**  
click. compare. covered.

1

Create Account

2

Select Plan

3

Notify Employees

4

Confirm & Pay

5

Enrollment Complete

BILLY JONES IS \*

- Select One -

▼

OF ASHLEY JONES

MARY JONES IS \*

- Select One -

▼

OF ASHLEY JONES

MARY JONES IS \*

- Select One -

▼

OF BILLY JONES

[◀ Back](#) [Next](#)

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# Application Data Collection – Household Taxes (Last Year, This Year, and Next Year)

[HOME](#) | [WELCOME, JOHN DOE \(SIGN OUT\)](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT ?](#)

 **washington healthplanfinder**  
click. compare. covered.

1

Create Account

2

Select Plan

3

Notify Employees

4

Confirm & Pay

5

Enrollment Complete

Tax Information for 2012

BILLY JONES WAS THE TAX DEPENDENT OF \*

- Select One -

MARY JONES WAS THE TAX DEPENDENT OF \*

- Select One -

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# Application Data Collection – Additional Questions

## Additional Questions


Answers to these questions are necessary to process your application.

Is every household member on this application a U.S. citizen? \*  ☒ YES ☐ NO

Is any household member on this application currently incarcerated? \*  ☐ YES ☒ NO

Has any household member listed on this application regularly used tobacco products in the past 12 months? \*  ☐ YES ☒ NO

Is any household member on this application currently pregnant? \*  ☐ YES ☒ NO

Does any household member on this application currently have health insurance? \*  ☐ YES ☒ NO

Have any of your children lost health insurance within the last four months? \*  ☐ YES ☒ NO

Are all household members on this application residents of Washington state? \*  ☒ YES ☐ NO

[Back](#)

Save and

\* REQUIRED FIELD

## Additional Questions

\* REQUIRED FIELD

Is every household member on this application a U.S. citizen? \*  ☐ YES ☒ NO

Please check the box for any household member who is not a U.S. born Citizen to provide more information about them.


☒ Ashley Jones

Is this person a naturalized US citizen? \*  ☐ YES ☒ NO

Was this person born abroad to US citizen parent(s)? \*  ☐ YES ☒ NO

Is this person lawfully present in the U.S.? \*  ☒ YES ☐ NO

Does this person have a passport? \*  ☒ YES ☐ NO

Passport Number \* 

Eg: 1234567890

Country of Issuance \* 

-Select an option

Date of Entry \* 

Eg: 02/02/2012

☐ Billy Jones

☐ Marry Jones

Is any household member on this application currently incarcerated? \*  ☐ YES ☒ NO

Has any household member listed on this application used tobacco products in the past 12 months? \*  ☐ YES ☒ NO

Are all household members on this application residents of the state of Washington? \*  ☐ YES ☒ NO

Please check the box for those household members who are not residents of the state of Washington.

☒ Ashley Jones

☐ Billy Jones

# Application Data Collection – Income Details

## Household Income Details

\* REQUIRED FIELD

On the previous screen, you provided information about the types of income that come from members of your household. Please provide the amount of income for each type and each household member below. You may add additional employment income for a household member by selecting "Add New." If you have incorrectly identified a household member as someone who contributes income, please select "Back" below to change this information on the previous screen.

### Employment Income

#### Ashley Jones

GROSS MONTHLY AMOUNT \* ⓘ

Eg. \$ 200.00

EMPLOYER NAME \* ⓘ

Eg. ABC Company

EMPLOYER ADDRESS \* ⓘ

Eg. 1234 Main Street,

ADDRESS LINE 2 ⓘ

Eg. Suite 1000

CITY \* ⓘ

Eg. Seattle

STATE \* ⓘ

Washington

ZIP \* ⓘ

Eg. 98501

Add New

GROSS MONTHLY AMOUNT \* ⓘ

Eg. \$ 200.00

Delete

EMPLOYER NAME \* ⓘ

Eg. ABC Company

EMPLOYER ADDRESS \* ⓘ

Eg. 1234 Main Street,

ADDRESS LINE 2 ⓘ

Eg. Suite 1000

CITY \* ⓘ

Eg. Seattle

STATE \* ⓘ

Washington


ZIP \* ⓘ

Eg. 98501

Add New

# Application Data Collection – Confirm Your Identity

[HOME](#) | [WELCOME, JOHN DOE \(SIGN OUT\)](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT ?](#)

 **washington healthplanfinder**  
click. compare. covered.

1

Create Account

2

Select Plan

3

Notify Employees

4

Confirm & Pay


5

Enrollment Complete

[◀ Back](#) [Next](#)

# Application Data Collection – Application Review

[HOME](#) | [WELCOME, JOHN DOE](#) [SIGN OUT](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT](#) ?

 **washington healthplanfinder**  
click. compare. covered.

1

Create Account

2

Select Plan

3

Notify Employees

4

Confirm & Pay

5

Enrollment Complete

Edit

Edit

# Application Data Collection – eSign



## Primary Applicant's Signature

\* REQUIRED FIELD

I agree to submit this application electronically. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law.
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

- ☐ By checking this box and signing my name below, I am electronically signing my application \*
- ☐ In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period no more than five years. I can change my consent any time through Washington Healthplanfinder .
- ☐ I have read the [Rights & Responsibilities](#) \*

FIRST NAME \*

Eg. John

MIDDLE INITIAL

Eg. A

LAST NAME \*

Eg. Smith

◀ Back

Submit My Application

# Eligibility Status – Possible Results

Reasons when a person may not qualify for coverage right away:

- **SSN Unverified** – When an SSN is not verified by the Federal Hub, the applicant will have a **Pending** eligibility status.
- **Lawful Presence For At Least 5 years Unverified** – If Federal Hub data indicates that an applicant has been lawfully present for less than 5 years, the applicant will have a **Pending** eligibility status.
- **Attest to not being a citizen or not being lawfully present for at least 5 years** – When an adult applicant attests that they are not lawfully present or a citizen, they are **Denied**, unless they have a qualifying emergency medical condition, and then they may qualify for Alien Emergency Medical. **Children and pregnant women who did not fulfill this requirement may still receive coverage.**
- **Attest to being incarcerated** – When an applicant attests to being incarcerated, they will have a **Denied** eligibility status.

# Eligibility Results – Washington Apple Health

HOME | WELCOME, JOHN DOE (SIGN OUT) | EN ESPAÑOL

CUSTOMER SUPPORT ?



## Eligibility Results

Congratulations! We received and reviewed your application and determined the following individuals will receive the health care coverage listed below:

### Washington Apple Health

The following household members are eligible for Washington Apple Health at no cost.

You will receive a letter telling you which managed care plan you are enrolled with.

You will also receive instructions and a "Healthy Options Medical Benefit Book". The book has more information about your benefits and plans available in your area. Call Washington Apple Health at 1-800-XXX-XXXX if you need help.

Covered Person	Type of Coverage	Status	Coverage Start Date	Coverage End Date
Gill Jones	Washington Apple Health - Adult	Approved	11/01/2013	10/31/2014
Samantha Jones	Washington Apple Health - Pregnancy	Approved	11/01/2013	10/31/2014

Next

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# Final Household Summary – Washington Apple Health

[HOME](#) | [WELCOME, JESSE TRAINING \(SIGN OUT\)](#) | [EN ESPAÑOL](#) [CUSTOMER SUPPORT](#)  



washington  
**healthplanfinder**  
click. compare. covered.

1

2

3

4

5

Create Account

Complete Application

Select Plan

Confirm & Pay

Enrollment Complete

## Household Summary

Below is the summary of plan(s) selected for your household.

Coverage	Name(s)	Coverage Start Date	Coverage End Date	Your Monthly Cost
Washington Apple Health	Jesse Training	01/01/14	12/31/14	\$ 0
Washington Apple Health	Jim Training	01/01/14	12/31/14	\$ 0

\* You will be invoiced for the Washington Apple Health program separately.


[◀ Back](#)[Next ▶](#)

SystemTime: 01/04/2014

INT1-1.00.00.574 [04/19/2013 11:28:50 PST]  
[INTManagedServer1]

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# Reasons for Possible Referrals to



## What is a referral?

- A referral occurs when Washington Healthplanfinder transfers an individual to Washington Connection

Term	Definition
Who would receive a referral?	<ul style="list-style-type: none"><li>• Application with members eligible for Medicare, classic (non-MAGI) Medicaid, food, cash, or childcare assistance</li></ul>
Where are they referred to?	<ul style="list-style-type: none"><li>• Washington Connection</li></ul>
When are they referred out?	<ul style="list-style-type: none"><li>• Early Screen Out: After the About You page, The About your Household page, and the Additional Questionnaire page.</li><li>• After viewing Eligibility Results for Washington Apple Health and after Final Confirmation for HIPTC</li></ul>

# Additional Services Referral Screen

## Additional Services Available

### Additional Washington Apple Health

You indicated that you or a household member is applying for coverage and is age 65 or older, has Medicare or needs Long Term Care (LTC) Services, emergency services, or coverage due to a specified medical condition. Additional information is needed to apply for LTC services, the Medicare Savings Programs or programs based on age or disability. To have the data you have entered so far transferred to the Washington Connection website so you can provide this additional information, please click the 'Transfer my Information to Washington Connection' button below.

**Note:**

If you do not choose to finish your application today, your data will not be sent to Washington Connection but your request for these additional medical services has been received. We will follow up by mail to collect the missing information we need.

### Other Services

Based on the information you have provided, your household may also be eligible for:

- Food Assistance
- Cash Assistance
- Childcare Assistance

If you click on the 'Transfer my Information to Washington Connection' button below, you can also complete an application for these programs. We will send the data you have entered so far to Washington Connection to help you complete the application.

**Note:**

If you do not choose to apply for Cash, Food or Childcare assistance at Washington Connection today, your data will not be sent. You may go directly to [www.WashingtonConnection.org](http://www.WashingtonConnection.org) to complete an application at any time.

Yes, Transfer my Information to Washington Connection.

# Knowledge Check

Which of the following individuals could be referred to Washington Connection?

- A. Individuals eligible for food assistance
- B. Individuals eligible for cash assistance
- C. Individuals eligible for Classic Medicaid
- D. All of the above



# Knowledge Check

Where are the 3 possible locations for the early screen out pop-up?

The About You page

The About Your Household page

The Additional Questionnaire page.

True or False? A person who is incarcerated would be eligible for Washington Apple Healthcare coverage.

*False*



# Questions



# Lesson 5

## Change Reporting

# Types of changes that can be made by users through the dashboard

- Add/remove a household member.
- Report a change in address.
- Report that a member of his/her household has gained or lost private healthcare coverage outside Washington Healthplanfinder.
- Other (tribal status, marital status, incarceration status, etc.)
- Report a change in income.
- Report a change in pregnancy status.

# How to Report a Change

[Account Home](#) [Billing & Payments](#) [My Household](#) [Action Center](#)

## Message Center

Notice	Date Received
Payment Received August 2014	07/31/2014
Invoice August 2014	07/15/2014
Payment Received July 2014	06/31/2014
Invoice July 2014	06/15/2014

[View More >](#)

### Quick Links

- [Pay Now](#)
- [Report a Change in Income or Household](#)
- [Change Account Settings](#)
- [Submit Document](#)

## My Household Coverage

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
John Smith	QHP	01/01/2014	12/31/2014	11/01/2014	Enrolled
Sophie Smith	QHP	01/01/2014	12/31/2014	11/01/2014	Enrolled
Connor Smith	CHIP	01/01/2014	12/31/2014	11/01/2014	Enrolled - Pending Action Needed

[Disenroll someone from my household](#)



# Report Changes Within Your Household

## Report Changes / Life Event

Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

When reporting a change, you may be expected to navigate through additional screens in the application in order to capture all updated information.

If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

Someone needs to be added to or removed from my list of household members to be considered for coverage

☐ YES ☐ NO

My household income has changed

☐ YES ☐ NO

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant.

☐ YES ☐ NO

My address has changed

☐ YES ☐ NO

Someone in my household has gained or lost health coverage

☐ YES ☐ NO

Something else has changed. Examples include:

☐ YES ☐ NO

- I need to change tax filing status for myself or others in my household
- My citizenship or tribal status has changed
- Someone has moved out of state.

*Click Next when the reasons have been selected.*

[◀ Back](#)

[Next](#)

SystemTime: 10/28/2013

Elig Service: N: Y

TRN-1.00.00.988 [06/19/2013 13:40:59 PST] [TRN\_server1]

# Add Household Member

The screenshot shows a web browser window with the Washington Healthplanfinder logo in the top left. A modal window titled "Add Household Member" is open, containing the following fields:

- FIRST NAME \*** (with a help icon): Text input with placeholder "Eg. John".
- M.I \*** (with a help icon): Text input with placeholder "Eg. J".
- LAST NAME \*** (with a help icon): Text input with placeholder "Eg. Smith".
- SUFFIX \*** (with a help icon): Dropdown menu.
- SOCIAL SECURITY NUMBER \*** (with a help icon): Text input with placeholder "Eg. 123-45-6789".
- DATE OF BIRTH \*** (with a help icon): Text input with placeholder "Eg. 01/20/2012".
- SEX \*** (with a help icon): Radio buttons for **MALE** and **FEMALE**.
- RACE \*** (with a help icon): Dropdown menu with placeholder "-Select An Option-".
- HISPANIC ORIGIN \*** (with a help icon): Dropdown menu with placeholder "-Select An Option-".
- HOW IS THIS PERSON RELATED TO THE PRIMARY APPLICANT? \*** (with a help icon): Dropdown menu with placeholder "-Select An Option-".

At the bottom of the modal are three buttons: "Cancel", "Save", and "Save & Add Another". The background of the browser window shows navigation links like "About", "Privacy Policy", "Consumer Info Center", and "Contact Us", as well as social media icons for Facebook, YouTube, and Twitter.

# Remove Household Member

washington healthplanfinder  
click. compare. cover.

1 2 3 4 5  
Confirm & Pay Enrollment Complete

Remove John Smith

REASON FOR REMOVAL \* ?  
Death

DATE OF DEATH \* ?  
Eg, 01/20/2012

Back Next

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# Eligibility Results – Washington Apple Health

HOME | WELCOME, JOHN DOE (SIGN OUT) | EN ESPAÑOL

CUSTOMER SUPPORT ?



## Eligibility Results

Congratulations! We received and reviewed your application and determined the following individuals will receive the health care coverage listed below:

### Washington Apple Health

The following household members are eligible for Washington Apple Health at no cost.

You will receive a letter telling you which managed care plan you are enrolled with.

You will also receive instructions and a "Healthy Options Medical Benefit Book". The book has more information about your benefits and plans available in your area. Call Washington Apple Health at 1-800-XXX-XXXX if you need help.

Covered Person	Type of Coverage	Status	Coverage Start Date	Coverage End Date
Gill Jones	Washington Apple Health - Adult	Approved	11/01/2013	10/31/2014
Samantha Jones	Washington Apple Health - Pregnancy	Approved	11/01/2013	10/31/2014

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# Knowledge Check

**Which page should users go to report a change?**

Individual Dashboard



# Knowledge Check

**Name three types of changes that can be made by users through the dashboard.**

- Report a change in income
- Add/remove a household member
- Report a change in address



# Questions

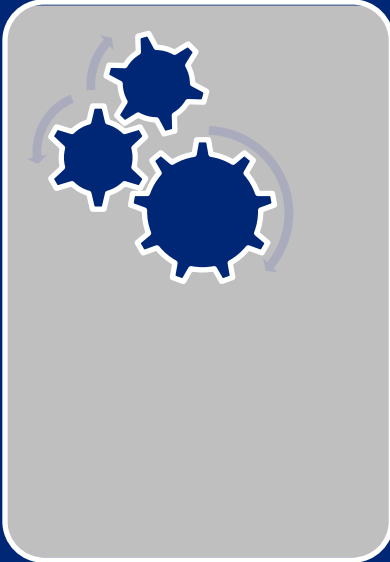


# Lesson 6

## Renewals



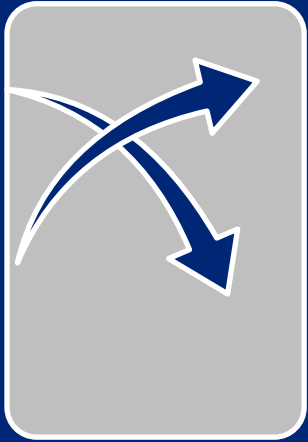
# Renewal Process for Washington Apple Health



## 60 Days Out

- Washington Healthplanfinder captures all applications and sends them to the Eligibility Service for administrative renewal.
  - Federal Hub calls are made with the exception of SSN and citizenship, if already verified.
  - Application sent to the Eligibility Service.

# Administrative and Manual Renewals



## Administrative Renewal

Automatic renewal processed through HPF.

Notice sent to the primary applicant with new renewal date.

## Manual Renewal

If the application cannot be administratively renewed, a notice is sent to the primary applicant with detailed instructions on how the renewal can be completed online, by phone or by mail.

# Manual Renewal Options for Washington Apple Health

**Online:** Log in and click on the renew link in the dashboard or create an account if applicant does not already have an account.

**Phone:** Renewal applications received via phone will be data entered into the system by the HBE Customer Support Center.

**Paper:** Renewal application forms received by Washington Healthplanfinder will be data entered into the system by HBE Customer Support Center.

# Individual Dashboard – Washington Apple Health

VIEWING APPLICATION John L Smith – Created on 08/01/2013 ▼

Account Home

Billing & Payments

My Household

Action Center

## Important Actions

### Health Plan Renewal

You are currently in a renewal period. You must take action by August 31, 2012. You can either:

[Click here to renew your current coverage ▶](#)

## Document Tracking

### Document Still Required

For Conner we still need...

- Citizenship Verification - [Click here to upload proof of citizenship](#)

### Documents Pending (Received by Washington Healthplanfinder and awaiting verification)

- Income - [View status of the document you submitted](#)
- Legal Residence - [View status of the document you submitted](#)

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# Guest Users link to Washington Apple Health Renewal

## Small Business Options

If you are a small business owner with up to 50 employees in Washington, you can provide health insurance through Healthplanfinder and you may be eligible for tax credits.

If your employer has signed up for coverage through Washington Healthplanfinder, you will receive instructions and log-in information directly from your employer.

Cover Your Employees

## Click.Compare.Covered

More people than ever before are now eligible for low-cost or free health insurance. Middle-income and low-income individuals and families generally qualify. Healthplanfinder is the only way you can access these savings.

[Learn More >](#)

[Renew my Washington Apple Health> >](#)

WASHINGTON HEALTHPLANFINDER-APPROVED PLANS:

## Sign In

USERNAME

PASSWORD

☐ Remember Me

Sign In

[Forgot your username?](#)

[Forgot your password?](#)

[Create an account](#)

# Application Review

## Application Review

Below is a summary of all the information you have included in your application. Please review the information you have entered for accuracy before submitting your application.

### Primary Account Holder

First Name **Ashley**

Middle Initial

Last Name **Jones**

Social Security Number **XXX-XX- 3213**

Date of Birth **01/09/1978**

Sex **Female**

Email **ashley.jones@gmail.com**

### Physical Address

Address Line 1 **300 Corporate Center Dr**

Address Line 2

City **Seattle**

State **WA**

# Primary Applicant's eSignature

## Primary Applicant's Signature

\* REQUIRED FIELD

I agree to submit this application electronically. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law.
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

☒ By checking this box and signing my name below, I am electronically signing my application \*

☒ In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period no more than five years. I can change my consent any time through Washington Healthplanfinder .

☒ I have read the [Rights & Responsibilities](#) \*

FIRST NAME \*

John

MIDDLE INITIAL

Eg. A

LAST NAME \*

Smith

[◀ Back](#)

[Submit My Application](#)

*Click Submit My Application when complete.*

SystemTime: 10/27/2013

EligService: N:Y

TRN-1.00.00.988 [06/19/2013 13:40:59 PST] [TRN\_server1]

# Knowledge Check

## What is an Administrative Renewal?

Automatic renewal processed through HPF

## What happens if an applicant fails to complete a manual renewal by the due date?

Their health care coverage is terminated.





# Review and Summary

**Training Objective:** Discuss the purpose of Washington Healthplanfinder, its benefits and major functionality including:

- ✔ Create Individual Account
- ✔ Guest Account & ID Proofing
- ✔ Manage Individual Accounts
- ✔ The Eligibility Flow of the Healthplanfinder
- ✔ How to assist in Change Reporting
- ✔ The Renewal Process

# Final Questions on Using WA Healthplanfinder



# Community Partner Enhanced Access Security & Privacy Training

# Purpose

- The purpose of this section is to provide security and privacy awareness training.
- To prepare a baseline of Security awareness for working with WA Health Benefit Exchange.

# What does Security and Privacy mean?

- Security is the tool that is implemented to provide specific levels of control. Security also protects information and information systems from unauthorized access, use, disclosure, disruption, modification, inspection, recording or destruction.
- Privacy is the level of control (i.e. access) an individual should have to sensitive data and information systems. Privacy also protects access to information and information systems from individuals that do not have the “need to know”.

# Who is Responsible?

- Everyone who becomes a community partner with enhanced access and uses Information Technology systems is equally responsible for Security and Privacy. No one is exempt.



# Three components to IT Security

- **Prevention** – assist with stopping unauthorized users or intruders from accessing any part of the computer system; prevents unintentional attacks.
- **Detection** – determines if someone tried to access the network or your system and what they may have done.
- **Response** – is what you need to do if an unauthorized user accesses your system. Using strong passwords can prevent intruders from accessing your computer system. If you notice a security breach, report it to your manager immediately.

# Computer Security

When you think of computer security, think of CIA.



WAHBE will limit information access and disclosure to authorized users; those with a “need to know”

WAHBE will limit the number of persons who can modify information in the computer systems

WAHBE will only allow authorized users access to areas of the computer systems and applications when they have a need to know



# Information Landscape

## Applicant/Individual's Information

Name, Address, Zip code, Phone, DOB, SSN, Ethnicity, etc.

Household Details

Spouse

Children/Dependents

Relationships

Medical Conditions

Income Information

User Name, Email address, Phone number

Business/Organization Name

Employees details

Plan enrolled in

Enrollment history

FPL%

Citizenship Status, Incarceration Status, etc.

# Sources we collect information from

- HealthPlanFinder Portal
- Paper Applications
- Federal Data Services Hub
- Federal Agencies: SSA, DHS, DOD, VA, Peace Corps, CMS, etc.
- DSHS – Existing Medicaid population
- Letters and Correspondence
- Filed Appeals
- Contracts and Agreements

# How to prevent an incident

- Follow physical and information security guidelines at all times
- Discard documents containing confidential information in labeled/locked shredder bins
- Do not leave confidential information on computer screens when you are away from your desk
- Only discuss confidential information with personnel who have a “need to know”
- Do not leave confidential information unattended on your desk.

# Some Do's and Don'ts

- Do not share your passwords with anyone, not even your supervisor
- Do not write your password down or post them to your monitor or keyboard
- Malware can enter your computer through any external storage device or memory cards brought to work
- Keep your desk and work area clean

# Some Do's and Don'ts

- Don't leave sensitive information out in open where it can be easily accessed by others
- Don't share other information that you have come across with anyone without authorization
- Don't post confidential or sensitive information on internet such as your personal Facebook, Twitter or any Social networking site.
- If you suspect a breach in security, contact your organization, IT security staff, as well as notify your HCA area representative.

# How to Receive Community Partner Enhanced Access in Washington Healthplanfinder

- Complete the full day of Community Based training (be sure to have signed in at the front table)
- Be affiliated with an organization
- Complete the Enhanced Access Registration Packet including:
  - ✓ Community Partner Registration Form
  - ✓ WA State Background Check
  - ✓ WA Health Benefit Exchange User Agreement
- Turn in your Registration Packet before leaving today!
- You will receive notification via email with your personal Washington Healthplanfinder login ID

# Questions



# HCA Area Representatives

Area	Counties	HCA Area Representative
<b>East</b>  <b>11 MAS 3</b> <b>1 MAS 5 (located in Spokane)</b>	Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	Mark Westenhaver <a href="mailto:mark.westenhaver@hca.wa.gov">mark.westenhaver@hca.wa.gov</a> 360-725-1324
<b>North Central</b>  <b>6MAS 3</b> <b>1 MAS 5 (located in Wenatchee)</b>	Adams Chelan Douglas Grant Okanogan	Dody McAlpine <a href="mailto:dody.mcalpine@hca.wa.gov">dody.mcalpine@hca.wa.gov</a> 360-725-9964
<b>South Central</b>  <b>10 MAS 3</b> <b>1 MAS 5 (located in Yakima)</b>	Benton Columbia Franklin Kittitas Klickitat Walla Walla Yakima	Karin Kramer <a href="mailto:karin.kramer@hca.wa.gov">karin.kramer@hca.wa.gov</a> 360-725-0754
<b>North West</b>  <b>7 MAS 3</b> <b>1 MAS 5 (located in Everett)</b>	Island San Juan Skagit Snohomish Whatcom	Kevin Cornell <a href="mailto:kevin.cornell@hca.wa.gov">kevin.cornell@hca.wa.gov</a> 360-725-1423



# HCA Area Representatives

Area	Counties	HCA Area Representative
<b>King</b>  <b>9 MAS 3</b> <b>1 MAS 5 (located in Seattle)</b>	King	Rebecca Janeczko <a href="mailto:rebecca.janeczko@hca.wa.gov">rebecca.janeczko@hca.wa.gov</a> 360-725-0752  Jessie Minier <a href="mailto:jessie.minier@hca.wa.gov">jessie.minier@hca.wa.gov</a> 360-725-1501
<b>Central West</b>  <b>9 MAS 3</b> <b>1 MAS 5 (located in Tacoma)</b>	Clallam Jefferson Kitsap Mason Pierce	Melissa Rivera <a href="mailto:melissa.rivera@hca.wa.gov">melissa.rivera@hca.wa.gov</a> 360-725-1713
<b>South West</b>  <b>10 MAS 3</b> <b>1 MAS 5 (located in Olympia)</b>	Clark Cowlitz Grays Harbor Lewis Pacific Thurston Skamania Wahkiakum	Colleen Clifford <a href="mailto:colleen.clifford@hca.wa.gov">colleen.clifford@hca.wa.gov</a> 360-725-1321
<b>Classic Medicaid – DSHS</b>	Statewide – DSHS	Stephen Kozak <a href="mailto:stephen.kozak@hca.wa.gov">stephen.kozak@hca.wa.gov</a> 360-725-1343

# **Congratulations!**

## **You have completed Community Based Training!**

### **Please don't forget to complete the Enhanced Access forms and turn in to your instructor before leaving**



# Resources

## **HCA Medicaid Expansion 2014**

[www.hca.wa.gov/hcr/me](http://www.hca.wa.gov/hcr/me)

### **Contact Us**

[medicaidexpansion2014@hca.wa.gov](mailto:medicaidexpansion2014@hca.wa.gov)

## **WA Health Benefit Exchange**

[www.wahbexchange.org](http://www.wahbexchange.org)

### **Contact Us**

[info@wahbexchange.org](mailto:info@wahbexchange.org)